STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM See Instructions and *Privacy STD. 262 (REV. 9/2007) Statement On Reverse Side Page Pages CLAIMANT'S NAME SSAN OR EMPLOYEE NUMBER DEPARTMENT Terri Delgadillo **Developmental Services** POSITION **CB/ID NUMBER** DIVISION OR BUREAU INDEX NUMBER E99 **DIRECTOR'S OFFICE** Director 473-001 RESIDENCE ADDRESS* HEADQUARTERS ADDRESS TELEPHONE NUMBER 1600 9th Street, Room 240 654-1897 STATE ZIP CODE CITY STATE ZIP CODE Sacramento CA 95814 (2) PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED (1) NORMAL WORK HOURS \$.50 8a to 5p (4) MONTHYEAR (6) (7) (8) MEALS (10) TRANSPORTATION (11) (12) LOCATION O.T., L/T. **(B)** TOTAL 2010 WHERE EXPENSES WERE INCURRED (0) CARFARE. RREAK COST OF TYPE PRIVATE CAR USE EXPENSES FOR DAY INCIDEN BUSINESS LODGING LUNCH OR FAST TALS EXPENSE DATE TIME DINNER MILES AMOUNT PARKING 0.00 0.00 0.00 0.00 0.00 0.00 0.03 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (13) SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 COLUMN CODE (ACCTG. USE ONLY) **CLAIM TOTAL** \$0.00 (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER

used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.				
CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE	
B		8		
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Norm 17 on reverse)			DATE	
B				

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of Celifornia. If a privately owned vehicle was